

EXHIBIT B - pg. 2

After a U.S. patent issues and we are so notified, ATCC makes the culture available to anyone who requests it, as allowed under USPTO Rules and Regulations (37 CFR 1.808 (e)(2)).

10. ATCC will notify you of your ATCC number after confirmation of viability testing is complete.

Name of Individual to notify: Jaye McLaughlin

Fax: (908) 298-5388

Phone: (908) 298-6299

E-mail: jaye.mclaughlin@spcorp.com

11. Payment by check, or credit card (Mastercard, VISA or American Express), must accompany the deposit unless prior arrangements for billing have been made and approved. ATCC accepts Purchase Orders in the correct amount:

Purchase Order No. _____

Check No. _____

Credit Card number. Please indicate MasterCard, VISA, or AE. _____

Exp. Date: _____

Name shown on card: _____

(Please type or print clearly.)

Signature of card holder _____

PAYMENT: ATCC MUST HAVE A BILLING ADDRESS, CONTACT PERSON, PHONE AND FAX NUMBER FOR ALL DEPOSITS:

Jaye P. McLaughlin

Schering-Plough Corporation (K-6-1-1990)

2000 Galloping Hill Road, Kenilworth, NJ 07033-0530

Phone: (908) 298-4299

Fax: (908) 298-5388

12. Name, address, telephone and facsimile number of your attorney of record. Jaye McLaughlin, Schering-Plough Corp., 2000 Galloping Hill Road, Kenilworth, NJ 07033 - 908-298-4299, Fax: 908-298-5388

(Ref: Docket or Case No. _____)

13. MUST BE COMPLETED. Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.) Schering Corp.

I understand and agree that the deposit may not be withdrawn by me for a period specified in Rule 9.1 of the Budapest Treaty (at least 30 years after the date of deposit or 5 years after the date of the most recent request for the deposit, whichever is longer), and that if a culture should die or be destroyed during the life of the patent or the period of time so specified, it is my responsibility to replace it with a living culture of the same organism or cell. In the cases of viruses, cell cultures, plasmids, embryos, and seeds, it is my responsibility to supply a sufficient quantity for distribution for the period of time specified above.

Dr. Giorgio TRINCHIERI

Typed Name

Giorgio Trinchieri

January 14, 2003

Date

Address: SCHERING-PLough, Lab for Immuno Research, 27 chemin des peupliers, 69570 DARDILLY

FRANCE

Phone: 3344-72-17-27-40 Fax: 3344-78-35-47-50 Email: giorgio.trinchieri@spcorp.com

ADDRESS SHIPMENTS AND FORM TO THE ATTENTION OF:

Patent Depository
American Type Culture Collection
10801 University Blvd.
Manassas, VA 20110-2208 U.S.A.

STORAGE: Cultures are stored for 30 years from date of deposit or 5 years after the last request for a sample, whichever is longer, as required under the rules of patent offices in most countries.

FEES: For current fees, check our Web site at www.atcc.org, request a fee sheet by e-mail to apply-ad@atcc.org, or call (703) 365-2700 ext. 320. All fees are subject to change.

ATCC USE ONLY: ATCC DESIGNATION _____ REC'D _____ V.T. RESULT _____

Name of Deposit _____ Strain Designation: _____

Form BP/1 Rev. 2/00

TOTAL P.04